

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	1						
2		1					
3		1					
4		1					
5		2					
6		1					
7		2					
8		1					
9							
10		1					
11		1					
12		1					
13		2					
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15		2					
16		2					
17	1						
18		1					
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50							
TOTAL IND.	3						
TOTAL DEP.	36						
TOTAL CLAIMS	39						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						